

<i>SERFF Tracking Number:</i>	<i>UHLC-125965518</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>41206</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>United Healthcare Insurance Company Catalyst Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: United Healthcare Insurance      SERFF Tr Num: UHLC-125965518      State: ArkansasLH

Company Catalyst Filing

TOI: H21 Health - Other

SERFF Status: Closed

State Tr Num: 41206

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Ebony Terry

Disposition Date: 02/02/2009

Date Submitted: 12/26/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/02/2009

State Status Changed: 02/02/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

United Healthcare Insurance Company Catalyst Filing for the state of Arkansas (see cover letter)

## Company and Contact

### Filing Contact Information

Ebony Terry, Compliance Analyst

Ebony\_N\_Terry@uhc.com

SERFF Tracking Number: UHLC-125965518 State: Arkansas  
Filing Company: United HealthCare Insurance Company State Tracking Number: 41206  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: United Healthcare Insurance Company Catalyst Filing  
Project Name/Number: /

4 Taft Court (301) 838-5611 [Phone]  
Rockville, MD 20850 (301) 838-5676[FAX]

**Filing Company Information**

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
450 Columbus Boulevard Group Code: 707 Company Type: Life and Health  
PO Box 150450  
Hartford, CT 06115-0450 Group Name: State ID Number:  
(215) 653-8046 ext. [Phone] FEIN Number: 36-2739571  
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SERFF Tracking Number: UHLC-125965518 State: Arkansas  
Filing Company: United HealthCare Insurance Company State Tracking Number: 41206  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: United Healthcare Insurance Company Catalyst Filing  
Project Name/Number: /

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	12/26/2008	24724048

SERFF Tracking Number: UHLC-125965518 State: Arkansas

Filing Company: United HealthCare Insurance Company State Tracking Number: 41206

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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/02/2009	02/02/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
States where this form has been approved	Note To Reviewer	Ebony Terry	01/29/2009	01/29/2009
Catalyst Filing	Note To Filer	Rosalind Minor	01/12/2009	01/12/2009

*SERFF Tracking Number:*      *UHLC-125965518*      *State:*      *Arkansas*  
*Filing Company:*      *United HealthCare Insurance Company*      *State Tracking Number:*      *41206*  
*Company Tracking Number:*  
*TOI:*      *H21 Health - Other*      *Sub-TOI:*      *H21.000 Health - Other*  
*Product Name:*      *United Healthcare Insurance Company Catalyst Filing*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 02/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-125965518 State: Arkansas

Filing Company: United HealthCare Insurance Company State Tracking Number: 41206

Company Tracking Number:

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: United Healthcare Insurance Company Catalyst Filing

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	CATALYST POLICY	Approved-Closed	Yes
Form	CATALYST RIDER	Approved-Closed	Yes
Form	CATALYST CHOICE RIDER	Approved-Closed	Yes

*SERFF Tracking Number:*      *UHLC-125965518*      *State:*      *Arkansas*  
*Filing Company:*      *United HealthCare Insurance Company*      *State Tracking Number:*      *41206*  
*Company Tracking Number:*  
*TOI:*      *H21 Health - Other*      *Sub-TOI:*      *H21.000 Health - Other*  
*Product Name:*      *United Healthcare Insurance Company Catalyst Filing*  
*Project Name/Number:*      */*

**Note To Reviewer**

**Created By:**

Ebony Terry on 01/29/2009 01:55 PM

**Subject:**

States where this form has been approved

**Comments:**

The following states have approved this form:

Kentucky  
Pennsylvania  
South Carolina  
Indiana  
Florida  
Colorado

Please let me know if you need additional information from me.

*SERFF Tracking Number:*      *UHLC-125965518*      *State:*      *Arkansas*  
*Filing Company:*      *United HealthCare Insurance Company*      *State Tracking Number:*      *41206*  
*Company Tracking Number:*  
*TOI:*      *H21 Health - Other*      *Sub-TOI:*      *H21.000 Health - Other*  
*Product Name:*      *United Healthcare Insurance Company Catalyst Filing*  
*Project Name/Number:*      */*

**Note To Filer**

**Created By:**

Rosalind Minor on 01/12/2009 02:58 PM

**Subject:**

Catalyst Filing

**Comments:**

Has these forms been approved in the domicile state? Have the forms been submitted and approved in other states?  
Please list the states the forms are approved.



SERFF Tracking Number: UHLC-125965518 State: Arkansas

Filing Company: United HealthCare Insurance Company State Tracking Number: 41206

Company Tracking Number:

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: United Healthcare Insurance Company Catalyst Filing

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CTCHPOL AMD.I07.A R	Policy/Cont ract/Fratern al Certificate	CATALYST POLICY	Initial			Catalyst Choice Policy Amendment.pdf
Approved-Closed	CATL.07.A R	Policy/Cont ract/Fratern al Certificate	CATALYST RIDER	Initial			Catalyst Rider.pdf
Approved-Closed	CATLCH.07.AR	Policy/Cont ract/Fratern al Certificate: Amendment, Insert Page, Endorsement or Rider	CATALYST CHOICE RIDER	Initial			CATLCH.pdf

# **[Catalyst Choice] Group Policy Amendment**

## **United HealthCare Insurance Company**

As described in this Amendment, the Policy is modified to describe the minimum participation and minimum contribution requirements that apply to [Catalyst Choice].

*Include when separate policies are issued to the group for different medical products/options.*

[The provisions for "Minimum Participation Requirements" and "Minimum Contribution Requirement" in Exhibit 1 to the group Policy are replaced with the following:]

*Include when a single policy is issued to the group that supports more than a single product/option.*

[The following provision is in addition to the provisions for "Minimum Participation Requirements" and "Minimum Contribution Requirement" in Exhibit 1 to the group Policy.]

### **Minimum Participation and Contribution Requirements**

#### **[Catalyst Choice]**

- Participation in the [Catalyst Choice] underlying medical plan is 100% of Eligible Persons after waivers for creditable coverage, with a minimum of 50% of all Eligible Persons before waivers.
- The Enrolling Group contributes 100% of employee-only rate.
- Participation and contribution requirements do not apply to optional coverage provided under the [Catalyst Choice] Rider.

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(Name and Title)

# United HealthCare Insurance Company

## [Catalyst] Rider

*NOTE: Product name of "Catalyst" filed as variable to allow name change in future.*

*Include second sentence when Catalyst Rider Benefits are available only to the Subscriber or only to Enrolled Dependents. Delete second sentence when Catalyst Rider Benefits are available to all Covered Persons.*

<sup>1</sup>*Include when Catalyst Rider Benefits are available only to the Subscriber.*

<sup>2</sup>*Include when Catalyst Rider Benefits are available only to Enrolled Dependents.*

This Rider to the Policy provides a limited amount of Benefits that you can access prior to meeting the Annual Deductible requirement stated in the *Schedule of Benefits*. *[[Catalyst] Rider Benefits are available only to [<sup>1</sup>the Subscriber] [<sup>2</sup>Enrolled Dependents] and any reference to "you" in this Rider is a reference to [<sup>1</sup>the Subscriber] [<sup>2</sup>Enrolled Dependents].]*

## [Catalyst] Rider Benefits

<sup>1</sup>*Include either calendar year or Policy year to match the underlying plan set-up.*

[Catalyst] Rider Benefits are available to you on a [<sup>1</sup>calendar] [<sup>1</sup>Policy] year basis.

<sup>2</sup>*Insert annual limit.*

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits.*

<sup>4</sup>*Include and insert annual limit when all services are subject to an overall annual maximum and when first dollar benefits are limited both per person and per family. This option is available only when Catalyst Rider Benefits are available to all Covered Persons.*

We will pay \$[<sup>2</sup>50 - 5,000] in Benefits per Covered Person in a single year for Covered Health Services received from [<sup>3</sup>either] a Network [<sup>3</sup>or non-Network] provider before you are responsible for meeting the Annual Deductible for [<sup>3</sup>either] Network Benefits [<sup>3</sup>or Non-Network Benefits]. [<sup>4</sup>The total amount of [Catalyst] Rider Benefits is further limited to \$[100 - 10,000] in a single year for all Covered Persons in a family.] After [Catalyst] Rider Benefits have been exhausted, you must then meet the Annual Deductible before we begin to pay Benefits as described in the *Schedule of Benefits*.

<sup>5</sup>*Include when Copayments/Coinsurance are not applied toward the Annual Deductible.*

The amount that you pay for [Catalyst] Rider Benefits in Copayments or Coinsurance will [<sup>5</sup>not] be applied toward the Annual Deductible stated in the *Schedule of Benefits*.

The amount that you pay for [Catalyst] Rider Benefits in Copayments will not be applied toward the Out-of-Pocket Maximum stated in the *Schedule of Benefits*; however Coinsurance paid for [Catalyst] Rider Benefits will be applied to the Out-of-Pocket Maximum.

If you meet the Out-of-Pocket Maximum stated in the *Schedule of Benefits* before reaching your [Catalyst] Rider Benefit limits, you will continue to pay Copayments or Coinsurance for [Catalyst] Rider Benefits.

<sup>6</sup>*Include when Catalyst Rider Benefits are not included in the maximum policy benefit.*

<sup>7</sup>*Include when the underlying medical plan has an annual maximum benefit and when Catalyst Rider Benefits are not included in the annual maximum benefit.*

<sup>8</sup>*Include when the underlying medical plan has an annual maximum benefit and when Catalyst Rider Benefits are included in the annual maximum benefit.*

The amount that we pay in [Catalyst] Rider Benefits is [<sup>6</sup>not] included in any Maximum Policy Benefit [<sup>7</sup>or any Annual Maximum Benefit] [<sup>8</sup>and any Annual Maximum Benefit] stated in the *Schedule of Benefits*.

Benefits for Covered Health Services that are subject to day or visit limits as stated in the *Schedule of Benefits* are reduced by any days or visits paid as [Catalyst] Rider Benefits. Benefits for Covered Health Services that are subject to dollar limits as stated in the *Schedule of Benefits* are not reduced by any dollars paid as [Catalyst] Rider Benefits.

Covered Health Services to which [Catalyst] Rider Benefits apply are listed below and are described in *Section 1: Covered Health Services of the Certificate of Coverage*.

*Include service categories and Benefit statements to support plan design.*

### **[Ambulance Services]**

#### **[Emergency Ambulance]**

[We will pay Benefits as stated in the *Schedule of Benefits* for either ground or air ambulance. Benefits for Emergency ambulance services by a non-Network provider are payable as Network Benefits.]

#### **[Non-Emergency Ambulance]**

[We will pay Benefits as stated in the *Schedule of Benefits* for either ground or air ambulance. Benefits for non-Emergency ambulance services by a non-Network provider are payable as Network Benefits.]

### **[Clinical Trials]**

[Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Rider.]

### **[Congenital Heart Disease Surgeries]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

### **[Dental Services - Accident Only]**

[We will pay Benefits as stated in the *Schedule of Benefits*. Benefits for services by a non-Network provider are payable as Network Benefits.]

### **[Diabetes Services]**

[Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Rider.]

### **[Durable Medical Equipment]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

#### **[Emergency Health Services - Outpatient]**

<sup>1</sup>*Include if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

<sup>3</sup>*Include if the Copayment will be waived if admitted directly from the ER.*

<sup>4</sup>*Include if plan design is based on the underlying plan.*

[[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 300] per visit. [<sup>3</sup>If you are admitted as an inpatient to a Network Hospital directly from the Emergency room, you will not have to pay this Copayment. The Benefits for an Inpatient Stay in a Network Hospital will apply instead.]] [<sup>4</sup>We will pay Benefits as stated in the *Schedule of Benefits*.] Benefits for Emergency Health Services by a non-Network provider are payable as Network Benefits.]

#### **[Home Health Care]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

#### **[Hospice Care]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

#### **[Hospital - Inpatient Stay]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

#### **[Lab, X-Ray and Diagnostics - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

#### **[Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

#### **[Mental Health and Substance Abuse Services - Inpatient and Intermediate]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

#### **[Mental Health and Substance Abuse Services - Outpatient]**

<sup>1</sup>*Include when Catalyst Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.* <sup>2</sup>*Include if plan design supports applying a Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit].]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit]. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit].]

<sup>4</sup>*Include when the plan design is based on the underlying plan.*

[<sup>4</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

### **[Ostomy Supplies]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

### **[Pharmaceutical Products - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

### **[Physician Fees for Surgical and Medical Services]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]



### **[Physician's Office Services - Sickness and Injury]**

<sup>1</sup>Include when Catalyst Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan. <sup>2</sup>Include if plan design supports applying a Copayment. <sup>3</sup>Include if plan design supports applying a split Copayment.

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>4</sup>Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.

[<sup>4</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit]. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>5</sup>Include when the plan design is based on the underlying plan.

[<sup>5</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

### **[Pregnancy - Maternity Services]**

[Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Rider.]

### **[Preventive Care Services]**

#### **[Physician office services]**

<sup>1</sup>Include when Catalyst Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan. <sup>2</sup>Include if plan design supports applying a Copayment. <sup>3</sup>Include if plan design supports applying a split Copayment.

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>4</sup>Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.

<sup>5</sup>Include when non-network benefits for preventive care are provided under the underlying plan.

<sup>6</sup>Include when non-network benefits for preventive care are not available under the underlying plan.

[<sup>4</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit]. [<sup>5</sup>For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>5</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>6</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].] [<sup>6</sup>Non-Network Benefits are not available.]

<sup>7</sup>Include when the plan design is based on the underlying plan.

[<sup>7</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

#### **[Lab, X-ray or other preventive tests]**

<sup>1</sup>Include when Catalyst Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.

<sup>2</sup>Include if plan design supports applying a Copayment.



[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per service].]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>4</sup>*Include when non-network benefits for preventive care are provided under the underlying plan.*

<sup>5</sup>*Include when non-network benefits for preventive care are not available under the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per service]. [<sup>4</sup>For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per service].]  
[<sup>5</sup>Non-Network Benefits are not available.]

<sup>6</sup>*Include when the plan design is based on the underlying plan.*

[<sup>6</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

### **[Prosthetic Devices]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

### **[Reconstructive Procedures]**

[Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Rider.]

<sup>1</sup>*Include if underlying plan provides chiropractic benefits.*

### **[Rehabilitation Services - Outpatient Therapy [<sup>1</sup>and Chiropractic Treatment]]**

<sup>1</sup>*Include when Catalyst Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

<sup>3</sup>*Include if plan design supports applying a split Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>4</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

[<sup>4</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit]. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>5</sup>*Include when the plan design is based on the underlying plan.*

[<sup>5</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

**[Scopic Procedures - Outpatient Diagnostic and Therapeutic]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

**[Skilled Nursing Facility/Inpatient Rehabilitation Facility Services]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

**[Surgery - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

**[Therapeutic Treatments - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

### **[Transplantation Services]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

### **[Urgent Care Center Services]**

<sup>1</sup>*Include when Catalyst Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.* <sup>2</sup>*Include if plan design supports applying a Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 150] per visit].]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 150] per visit]. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>4</sup>after you pay a Copayment of \$[5 - 150] per visit].]

<sup>4</sup>*Include when the plan design is based on the underlying plan.*

[<sup>4</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

### **[Vision Examinations]**

<sup>1</sup>*Include when Catalyst Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.* <sup>2</sup>*Include if plan design supports applying a Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit].]

<sup>3</sup>*Include when Catalyst Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>4</sup>*Include when non-network benefits for vision exams are provided under the underlying plan.*

<sup>5</sup>*Include when non-network benefits for vision exams are not available under the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit]. [<sup>4</sup>For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [after you pay a Copayment of \$[5 - 75] per visit]. [<sup>5</sup>Non-Network Benefits are not available.]

<sup>6</sup>*Include when the plan design is based on the underlying plan.*

[<sup>6</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>1</sup>*Include when first dollar benefits are limited both per person and per family. This option is available only when Catalyst Rider Benefits are available to all Covered Persons.*

[Catalyst] Rider Benefits apply only to the current year. If you [<sup>1</sup>or all Covered Persons in your family] do not use the total amount of [Catalyst] Rider Benefits available in a single year, the remaining amount of [Catalyst] Rider Benefits will not be carried over to the next year.

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(Name and Title)

# United HealthCare Insurance Company

## [Catalyst Choice] Rider

*NOTE: Product name of "Catalyst Choice" is variable to allow name change in future.*

*Include second sentence when Catalyst Choice Rider Benefits are available only to the Subscriber or only to Enrolled Dependents. Delete second sentence when Catalyst Choice Rider Benefits are available to all Covered Persons.*

<sup>1</sup>*Include when Catalyst Choice Rider Benefits are available only to the Subscriber.*

<sup>2</sup>*Include when Catalyst Choice Rider Benefits are available only to Enrolled Dependents.*

This Rider to the Policy provides a limited amount of Benefits that you can access prior to meeting the Annual Deductible requirement stated in the *Schedule of Benefits*. *[[Catalyst Choice] Rider Benefits are available only to [<sup>1</sup>the Subscriber] [<sup>2</sup>Enrolled Dependents] and any reference to "you" in this Rider is a reference to [<sup>1</sup>the Subscriber] [<sup>2</sup>Enrolled Dependents].]*

### [Catalyst Choice] Rider Benefits

<sup>1</sup>*Include either calendar year or Policy year to match the underlying plan set-up.*

[Catalyst Choice] Rider Benefits are available to you on a [<sup>1</sup>calendar] [<sup>1</sup>Policy] year basis.

<sup>2</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits.*

We will pay for Covered Health Services received from [<sup>2</sup>either] a Network [<sup>2</sup>or non-Network] provider before you are responsible for meeting the Annual Deductible for [<sup>2</sup>either] Network Benefits [<sup>2</sup>or Non-Network Benefits], subject to the limits stated below. After [Catalyst Choice] Rider Benefits have been exhausted, you must then meet the Annual Deductible before we begin to pay Benefits as described in the *Schedule of Benefits*.

<sup>3</sup>*Include when Copayments/Coinsurance are not applied toward the Annual Deductible.*

The amount that you pay for [Catalyst Choice] Rider Benefits in Copayments or Coinsurance will [<sup>3</sup>not] be applied toward the Annual Deductible stated in the *Schedule of Benefits*.

The amount that you pay for [Catalyst Choice] Rider Benefits in Copayments will not be applied toward the Out-of-Pocket Maximum stated in the *Schedule of Benefits*; however Coinsurance paid for [Catalyst Choice] Rider Benefits will be applied to the Out-of-Pocket Maximum.

If you meet the Out-of-Pocket Maximum stated in the *Schedule of Benefits* before reaching your [Catalyst Choice] Rider Benefit limits, you will continue to pay Copayments or Coinsurance for [Catalyst Choice] Rider Benefits.

<sup>4</sup>*Include when Catalyst Choice Rider Benefits are not included in the maximum policy benefit.*

<sup>5</sup>*Include when the underlying medical plan has an annual maximum benefit and when Catalyst Choice Rider Benefits are not included in the annual maximum benefit.*

<sup>6</sup>*Include when the underlying medical plan has an annual maximum benefit and when Catalyst Choice Rider Benefits are included in the annual maximum benefit.*

The amount that we pay in [Catalyst Choice] Rider Benefits is [<sup>4</sup>not] included in any Maximum Policy Benefit [<sup>5</sup>or any Annual Maximum Benefit] [<sup>6</sup>and any Annual Maximum Benefit] stated in the *Schedule of Benefits*.

Benefits for Covered Health Services that are subject to day or visit limits as stated in the *Schedule of Benefits* are reduced by any days or visits paid as [Catalyst Choice] Rider Benefits. Benefits for Covered Health Services that are subject to dollar limits as stated in the *Schedule of Benefits* are not reduced by any dollars paid as [Catalyst Choice] Rider Benefits.

Covered Health Services to which **[Catalyst Choice]** Rider Benefits apply are listed below and are described in *Section 1: Covered Health Services* of the *Certificate of Coverage*. **[Catalyst Choice]** Rider Benefits are subject to the limits stated below.

**[Catalyst Choice]** Rider Benefits for any combination of **Ambulance Services** and **Emergency Health Services - Outpatient** described below are limited to \$**[500 - 7,000]** per Covered Person per year.

### **Ambulance Services**

#### ***Emergency Ambulance***

We will pay Benefits as stated in the *Schedule of Benefits* for either ground or air ambulance. Benefits for Emergency ambulance services by a non-Network provider are payable as Network Benefits.

#### ***Non-Emergency Ambulance***

We will pay Benefits as stated in the *Schedule of Benefits* for either ground or air ambulance. Benefits for non-Emergency ambulance services by a non-Network provider are payable as Network Benefits.

### **Emergency Health Services - Outpatient**

<sup>1</sup>*Include if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

<sup>3</sup>*Include if the Copayment will be waived if admitted directly from the ER.*

<sup>4</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 300] per visit. [<sup>3</sup>If you are admitted as an inpatient to a Network Hospital directly from the Emergency room, you will not have to pay this Copayment. The Benefits for an Inpatient Stay in a Network Hospital stated in the *Schedule of Benefits* will apply instead.]] [<sup>4</sup>We will pay Benefits as stated in the *Schedule of Benefits*.] Benefits for Emergency Health Services by a non-Network provider are payable as Network Benefits.

*Include service categories and Benefit statements to support plan design.*

**[Catalyst Choice]** Rider Benefits for any combination of **[Mental Health and Substance Abuse Services - Outpatient]** [,] [and] **[Physician's Office Services - Sickness and Injury]** [,] [and] **[Pregnancy - Maternity Services]** [,] [and] **[Preventive Care Services]** [,] [and] **[Urgent Care Center Services]** [,] [and] **[Vision Examinations]** described below are limited to \$**[300 - 1,000]** per Covered Person per year.

*Include paragraph below to support plan design that provides expanded Catalyst Choice Rider Benefits.*

**[Catalyst Choice]** Rider Benefits for any combination of **[Lab, X-Ray and Diagnostics - Outpatient]** [,] [and] **[Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient]** [,] [and] **[Physician Fees for Surgical and Medical Services]** [,] [and] **[Scopic Procedures - Outpatient Diagnostic and Therapeutic]** [and] **[Surgery - Outpatient]** described below are limited to \$**[800 - 2,000]** per Covered Person per year.]

#### **[Lab, X-Ray and Diagnostics - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]



<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

**[Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

**[Mental Health and Substance Abuse Services - Outpatient]**

<sup>1</sup>*Include when Catalyst Choice Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit].]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>4</sup>*Include if plan design supports applying a Copayment.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>4</sup>after you pay a Copayment of \$[5 - 75] per visit]. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [after you pay a Copayment of \$[5 - 75] per visit].]

<sup>5</sup>*Include when the plan design is based on the underlying plan.*

[<sup>5</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

**[Physician Fees for Surgical and Medical Services]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*, but only for Covered Health Services provided on an outpatient basis. Benefits under this Rider are not available for inpatient services.]

<sup>2</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits* but only for Covered Health Services provided on an outpatient basis. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses. Benefits under this Rider are not available for inpatient services.]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses. Benefits under this Rider are not available for inpatient services.]

#### **[Physician's Office Services - Sickness and Injury]**

<sup>1</sup>*Include when Catalyst Choice Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

<sup>3</sup>*Include if plan design supports applying a split Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>4</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

[<sup>4</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit]. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>5</sup>*Include when the plan design is based on the underlying plan.*

[<sup>5</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

#### **[Pregnancy - Maternity Services]**

[Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Rider.]

#### **[Preventive Care Services]**

##### **[Physician office services]**

<sup>1</sup>*Include when Catalyst Choice Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

<sup>3</sup>*Include if plan design supports applying a split Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit].]

<sup>4</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>5</sup>*Include when non-network benefits for preventive care are provided under the underlying plan.*

<sup>6</sup>*Include when non-network benefits for preventive care are not available under the underlying plan.*

[<sup>4</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit]. [<sup>5</sup>For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after



you pay a Copayment of \$[5 - 75] per visit] [<sup>3</sup>after you pay a Copayment of \$[5 - 75] per visit for a Primary Physician office visit or \$[5 - 100] per visit for a Specialist Physician office visit.]] [<sup>6</sup>Non-Network Benefits are not available.]

<sup>7</sup>*Include when the plan design is based on the underlying plan.*

[<sup>7</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

**[Lab, X-ray or other preventive tests]**

<sup>1</sup>*Include when Catalyst Choice Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per service].]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>4</sup>*Include when non-network benefits for preventive care are provided under the underlying plan.*

<sup>5</sup>*Include when non-network benefits for preventive care are not available under the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per service]. [<sup>4</sup>For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>5</sup>after you pay a Copayment of \$[5 - 75] per service].]  
[<sup>5</sup>Non-Network Benefits are not available.]

<sup>6</sup>*Include when the plan design is based on the underlying plan.*

[<sup>6</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

**[Scopic Procedures - Outpatient Diagnostic and Therapeutic]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

**[Surgery - Outpatient]**

<sup>1</sup>*Include when the plan design is based on the underlying plan.*

[<sup>1</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

<sup>2</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Non-Network Coinsurance different from the underlying plan.*

[<sup>2</sup>For Network Benefits, we will pay Benefits as stated in the *Schedule of Benefits*. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Network and Non-Network Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses.]

### **[Urgent Care Center Services]**

<sup>1</sup>*Include when Catalyst Choice Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>2</sup>*Include if plan design supports applying a Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 150] per visit].]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 150] per visit]. For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>4</sup>after you pay a Copayment of \$[5 - 150] per visit].]

<sup>4</sup>*Include when the plan design is based on the underlying plan.*

[<sup>4</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

### **[Vision Examinations]**

<sup>1</sup>*Include when Catalyst Choice Rider Benefits apply only to Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.* <sup>2</sup>*Include if plan design supports applying a Copayment.*

[<sup>1</sup>We will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit].]

<sup>3</sup>*Include when Catalyst Choice Rider Benefits apply to both Network and Non-Network Benefits and if plan design supports applying a Copayment or Coinsurance different from the underlying plan.*

<sup>4</sup>*Include when non-network benefits for vision exams are provided under the underlying plan.*

<sup>5</sup>*Include when non-network benefits for vision exams are not available under the underlying plan.*

[<sup>3</sup>For Network Benefits, we will pay [50 - 100]% of Eligible Expenses [<sup>2</sup>after you pay a Copayment of \$[5 - 75] per visit]. [<sup>4</sup>For Non-Network Benefits, we will pay [50 - 100]% of Eligible Expenses [after you pay a Copayment of \$[5 - 75] per visit]. [<sup>5</sup>Non-Network Benefits are not available.]

<sup>6</sup>*Include when the plan design is based on the underlying plan.*

[<sup>6</sup>We will pay Benefits as stated in the *Schedule of Benefits*.]

[Catalyst Choice] Rider Benefits apply only to the current year. If you do not use the total amount of [Catalyst Choice] Rider Benefits available in a single year, the remaining amount of [Catalyst Choice] Rider Benefits will not be carried over to the next year.

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(Name and Title)

<i>SERFF Tracking Number:</i>	<i>UHLC-125965518</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>41206</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>United Healthcare Insurance Company Catalyst Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-125965518 State: Arkansas  
Filing Company: United HealthCare Insurance Company State Tracking Number: 41206  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: United Healthcare Insurance Company Catalyst Filing  
Project Name/Number: /

## Supporting Document Schedules

		Review Status:	
<b>Bypassed -Name:</b>	Certification/Notice	Approved-Closed	02/02/2009
<b>Bypass Reason:</b>	Not Applicable		
<b>Comments:</b>			

		Review Status:	
<b>Bypassed -Name:</b>	Application	Approved-Closed	02/02/2009
<b>Bypass Reason:</b>	Not Applicable		
<b>Comments:</b>			

		Review Status:	
<b>Bypassed -Name:</b>	Outline of Coverage	Approved-Closed	02/02/2009
<b>Bypass Reason:</b>	Not Applicable		
<b>Comments:</b>			

		Review Status:	
<b>Satisfied -Name:</b>	Cover Letter	Approved-Closed	02/02/2009
<b>Comments:</b>	Cover Letter		
<b>Attachment:</b>	Catalyst Cover Letter.pdf		

December 22, 2008

Ms. Rosalind Minor  
Insurance Analyst  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Re: Catalyst and Catalyst Choice Riders/Group Policy Amendment  
Form No. CATL.07.AR  
Form No. CATLCH.07.AR  
Form No. CTCHPOLAMD.I.07.AR

Dear Ms. Newman:

On behalf of United HealthCare Insurance Company, I am submitting the enclosed group rider and amendments forms listed above for your Department's review and approval.

Catalyst and Catalyst Choice products are designed to improve health insurance coverage rates, especially among low income workers, and they appeal to employers struggling to maintain health benefits, as well as start-up, early, and growth stage businesses without coverage.

Catalyst and Catalyst Choice add pre-deductible network only coverage to a high deductible medical plan. This underlying medical plan will comply with all [Arkansas] requirements and provides access to both network and non-network benefits, after the deductible is met. Catalyst and Catalyst Choice provide comprehensive, affordable healthcare with access to our complete network for those who want coverage, but find traditional coverage too expensive.

Because the underlying medical plan for Catalyst Choice is a 100% employer-paid benefit, we are amending our group policy to address the 100% participation requirement and 100% employer contribution for Catalyst Choice. There are no participation or contribution requirements that apply to the Catalyst Choice optional pre-deductible Rider.

We are requesting to use these forms in conjunction with the 2007 Group Policy and Certificates (Group Health Forms POL.I.07.AR[FV1] et al.) which were approved by your Department on February 25, 2007.

These will be used with both small and large commercial groups and we ask that your review encompass both.

These riders represents final printed format with the exception of variable text and corresponding instructions.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below. Upon approval, please return a stamped copy of this submission in the enclosed envelope.

Sincerely,

Ebony N. Terry